

Wisconsin Works (W-2) Barrier Screening Tool Agreement

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Participant Name (Last, First, MI)	Personal Identification Number	RFA/Case Number
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A W-2 agency representative must review this form with each new W-2 participant placed in W-2 Transitions, Community Service Job, Trial Job, or Case Management Services (CMS).

In order to help you reach your employment goals, it is important to gather information about any medical, emotional, or learning needs that are preventing you from getting or keeping a job. The questions in the Barrier Screening Tool (BST) were designed to help gather this information.

The questions that will be asked have to do with your ability to participate in day-to-day activities in a work setting, in your home life and in the community. An additional set of questions helps determine if you are in need of any services for domestic violence.

How will completing the BST help you in the W-2 program?

Your answers to the BST questions will be used to help determine if you could benefit from a more detailed assessment by a professional such as a medical provider, a psychologist or a vocational rehabilitation provider. If you are assigned to participate in a professional assessment, the assessment results will enable your Financial and Employment Planner (FEP) to make informed decisions about:

- Your W-2 placement;
- The activities that you are assigned to; and
- Any special services or work site accommodations that you may need.

Family Members with Special Needs

If you have a family member (e.g., child or spouse) with special needs, this information is also important for your worker to know. The last set of questions in the BST were designed to gather this information. Your answers help determine if special consideration must be given for a family member's needs when you are assigned to work, training or other activities.

It is important for you to know that:

1. If you are uncomfortable answering one of the questions, you can tell the agency representative, and s/he will move on to the next question.
2. The answers that you provide are confidential. If we refer you for a professional assessment, you may be asked to release your answers to the professional conducting the assessment. If you transfer your case to another W-2 agency, your answers will automatically be shared with the new W-2 agency.
3. If you decline to complete the BST, you will not be penalized in any way. You will not be sanctioned or found ineligible for W-2 based on your decision to decline. If you decline to complete the BST, your FEP will make all W-2 placement decisions and activity assignments based on the information that is available to him/her.
4. You may request to complete the BST again at a later date if you believe your medical, emotional, or learning needs have changed.

Participant must check one of the boxes below indicating whether s/he has agreed or declined to complete the BST and sign below.

- ☐ I agree to complete the BST at this time. If I transfer my case to another W-2 agency, I understand and authorize that my answers to the BST will be shared with the new W-2 agency.
- ☐ I decline to complete the BST at this time.

Participant Signature		Date Signed
W-2 Agency Representative	Title	Date Signed